

EXHIBIT 1

W.R. GRACE & CO.

ASBESTOS MEDICAL MONITORING

PROOF OF CLAIM FORM

*The United States Bankruptcy Court for the District of Delaware
In re: W.R. Grace & Co., et al., Debtors, Case No. 01-01139 (JKF)
(Jointly Administered)*

SUBMIT COMPLETED CLAIMS TO:

Claims Processing Agent
Re: W.R. Grace & Co. Bankruptcy
PO Box 1620
Faribault, MN 55021-1620

For a complete list of the Debtors in this case, please see "The Debtors" section of the *General Instructions for Completing Proof of Claim Forms*. The Debtors in this case are collectively referred to in this document as "Grace".

If you have a current claim against Grace for medical monitoring, but not personal injury, due to alleged significant exposure to hazardous asbestos fibers as a result of the acts or omissions of Grace, THIS ASBESTOS MEDICAL MONITORING PROOF OF CLAIM FORM MUST BE RECEIVED ON OR BEFORE 4:00 P.M. EASTERN TIME ON MARCH 31, 2003, or you will be forever barred from asserting or receiving payment for your claim.

INSTRUCTIONS FOR FILING THE W. R. GRACE & CO.**ASBESTOS MEDICAL MONITORING PROOF OF CLAIM FORM****O SHOULD USE THIS ASBESTOS MEDICAL MONITORING PROOF OF CLAIM FORM**

This Asbestos Medical Monitoring Proof of Claim Form (referred to in this document as the "Form") applies only to claims being made against Grace by or on behalf of those who have not as of the Claim Bar Date suffered any personal injury but who are alleging that Grace wrongfully caused them to be significantly exposed to hazardous asbestos fibers, that this exposure significantly increased the claimant's risk of contracting a serious latent disease, that medical monitoring could reasonably be expected to result in early detection of the onset and mitigation of the severity of such disease, and that because of this exposure it is necessary for the claimant to be examined by a physician or receive medical testing more often than he or she otherwise would.

The Bar Date does not apply to Asbestos Personal Injury Claims, Settled Asbestos Claims or Zonolite Attic Insulation Claims. Those claims will be subject to a separate claim submission process and should not be filed at this time.

This form should not be used for claims for an Asbestos Property Damage Claim or a Non-Asbestos Claim. Instead, separate specialized proof of claim forms for these claims should be completed.

Please do not distribute this form to others. Please call the Claims Processing Agent at 1-800-432-1909 to request additional forms if they are needed.

GENERAL INSTRUCTIONS

This form must be signed by the claimant or authorized agent of the claimant. THIS FORM MUST BE RECEIVED ON OR BEFORE 4:00 PM EASTERN TIME ON MARCH 31, 2003, or you forever will be precluded from asserting your claim(s) against or receiving payment from Grace. Return your completed form to the Claims Processing Agent, Re: W.R. Grace & Co. Bankruptcy, P.O. Box 1620, Faribault MN 55021-1620. If you are returning this form by mail, allow sufficient time so that this form is received on or before March 31, 2003. Forms that are postmarked before March 31, 2003 but received after March 31, 2003 will not be accepted. Only original forms will be accepted for filing. Forms transmitted by facsimile will not be accepted for filing.

2. If you cannot fit all information in any particular section or page, please make a copy of that page before filling it out and attach as many additional pages as needed.

3. This form must be filled out completely using BLACK or BLUE ink or may be typewritten:

- Please print clearly using capital letters only.
- Skip a box between words.
- Do not write outside of the boxes or blocks.
- Do not use a felt tip pen.
- Do not bend or fold the pages of the form.

4. Because this form will be read by a machine, please print characters using the examples below. For optimum accuracy, please print in capital letters and avoid contact with the edge of the character boxes.

5. Mark check boxes with an "X" (example at right).

NAME HERE

6. Be accurate and truthful. A Proof of Claim Form is an official court document that may be used as evidence in any legal proceeding regarding your claim. The penalty for presenting a fraudulent claim is a fine of up to \$500,000 or imprisonment for up to five years or both. 18 U.S.C. §§ 152 & 3571.

7. Make a copy of your completed Form to keep for your records. Send only original Forms to the Claims Agent at the following address: Claims Processing Agent, Re: W.R. Grace & Co. Bankruptcy

P.O. Box 1620

Faribault MN 55021-1620.

8. You will receive written notification of the proof of claim number assigned to this claim once it has been processed.

2. List your jobs, employers and employment locations during each period of time in which you lived in Lincoln County.

1. Employment Dates:

From - To -
Month Year *Month Year*

2. Occupation:

description

3. Claimant's Employer

4. Employment Location:

Street Address

City

*Zip Code
/Postal Code*

1. Employment Dates:

From - To -
Month Year *Month Year*

2. Occupation:

description

3. Claimant's Employer

4. Employment Location:

Street Address

City

*Zip Code
/Postal Code*

Continue on next page >>>

continued...

Employment Dates:

From
 -
 Month Year

To
 -
 Month Year

Occupation:*description***Claimant's Employer****Employment Location:***Street Address**City**Zip Code
/Postal Code*

Were you or any member(s) of your household an employee of W.R. Grace while you lived in Lincoln County?

Yes No

If you were an employee of W.R. Grace, did you work:

a. In the mining of vermiculite ore?

Yes No

If yes, during what time period? What jobs did you perform?

Start Date

-
 Month Year

End Date

-
 Month Year

Occupation:*description*

Continue on next page >>>

4. continued...

b. In the milling or screening of vermiculite ore?

Yes No

If yes, during what time period? What jobs did you perform?

Start Date	End Date
<input style="width: 40px; height: 30px; border: 1px solid black;" type="text"/> - <input style="width: 40px; height: 30px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 30px; border: 1px solid black;" type="text"/> - <input style="width: 40px; height: 30px; border: 1px solid black;" type="text"/>
<i>Month</i>	<i>Month</i>
<i>Year</i>	<i>Year</i>
Occupation:	<input style="width: 100px; height: 30px; border: 1px solid black;" type="text"/>
<i>description</i>	<input style="width: 100px; height: 100px; border: 1px solid black;" type="text"/>

c. In the vermiculite expansion plant?

Yes No

If yes, during what time period? What jobs did you perform?

Start Date	End Date
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<i>Month</i>	<i>Month</i>
<i>Year</i>	<i>Year</i>
Occupation:	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>
<i>description</i>	<input style="width: 100px; height: 40px; border: 1px solid black;" type="text"/>

d. If employed at any other W.R. Grace location, please specify. What jobs did you perform?

Site Name:

Site Owner:		
Site Address:		
<i>Street Address</i>		
<i>City</i>	<i>Zip Code</i>	<i>/Postal Code</i>
Occupation:		
<i>description</i>		

B. OTHER CLAIMS OR LITIGATION

Have you ever brought or filed any worker's compensation claims against Grace?

Yes No

If yes, answer this section.

1. Describe the injury for which you sought compensation.

Digitized by srujanika@gmail.com

2. When was the claim filed? Date

Date

-

3. What was the result of the claim?

- Claim Paid Pending
 Claim Denied Other (please describe)

[View Details](#) | [Edit](#) | [Delete](#)

Have you ever filed any other claims or lawsuits against Grace?

Yes No

If yes, answer this section.

1. Please describe the claim or lawsuit.

1

2. When was the claim or lawsuit filed? Date

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 -

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Month *Year*

3. Where was the claim or lawsuit filed (court or other claims authority)?

Court or Claims Authority:

.....

Name

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

State / Province

4. What was the result of the lawsuit or claim?

10. The following table shows the number of hours worked by each employee in a company.

C. RELATED PARTY MEDICAL MONITORING CLAIM

If you claim exposure to asbestos brought into your household by a family member who worked for Grace, list each Grace employee in your household and describe the time period of each such exposure, their job(s) and employment location(s).

Grace Employee Name:

First Name

Middle Name

Last Name

1. Asbestos Exposure dates:

From

 -
Month *Year*

To

 -
Month *Year*

2. Grace Employee Occupation:

description

3. Employment Location:

Grace Employee Name:

First Name

Middle Name

Last Name

1. Asbestos Exposure dates:

From

 -
Month *Year*

To

 -
Month *Year*

2. Grace Employee Occupation:

description

3. Employment Location:

ZONOLITE ATTIC INSULATION EXPOSURE (LINCOLN COUNTY, MT)

Do you or did you have Zonolite Attic Insulation in your home during any period of time in which you lived in Lincoln County?

Yes No

Where was/is it located in your home? Attic Other (specify) _____

Did you personally install that insulation? Yes No

Has the Zonolite Attic Insulation ever been moved and/or disturbed by you?

Yes No

If yes, specify when and in what manner the Zonolite Attic Insulation was moved and/or disturbed.

Date	Description
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>
Month	Year

For incidents in which the Zonolite Attic Insulation was moved and/or disturbed, how long did you stay in close proximity to the insulation after you disturbed it?

Less than 1 hour 5-8 hours
 1-4 hours Other (please specify) _____

E. ASBESTOS TESTING

Has there ever been any testing or sampling for the presence of asbestos on the property at which you reside or resided in Lincoln County?

Yes No

If yes, provide when, by whom, the type of testing or sampling, and the results (e.g. air, bulk and dust sampling).

If Yes, when?

Date:
 - -
 Month Day Year

Sample Location:

Who took the sample:

Sample results:

Continue on next page >>>

E. continued...

Date:

 -

 -

Month *Day* *Year*

Sample Location:

Who took the sample:

Sample results:

If Yes, Attach To This Form All Documents Related To Any Testing Of The Property.

PART IV: QUESTIONS APPLICABLE TO FORMER WORKERS AT W.R. GRACE EXPANSION PLANTS (OTHER THAN IN LIBBY, MONTANA)

Have you ever worked at a W.R. Grace vermiculite expansion plant other than in Libby, Montana? If yes, answer the questions in this Part.

Name of Plant:

.....

Plant Address: _____

Street Address

City

State

Zip Code

Employment Dates at this Plant:

From

—

10

Month *Year*

Occupation

100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120

Continue on next page >>>

**PART V: Questions Applicable To Persons Who Were Employed As
Commercial installers or Removers of Zonolite Attic Insulation**

This section should be completed by claimants who allege significant exposure to Zonolite Attic Insulation as a result of installing or removing that product in residences while employed by insulation contractors or construction businesses.

Have you ever personally installed or removed Zonolite Attic Insulation as an employee of a commercial insulation business or other construction business?

↓ Yes No

If yes, answer the questions in this Part:

During what time period(s) did you install or remove Zonolite Attic Insulation?

From

 -

Month

 Year

To

 -

Month

 Year

From

 -

Month

 Year

To

 -

Month

 Year

From

 -

Month

 Year

To

 -

Month

 Year

List your employer(s) and job(s) and employment location(s) during each time period in which you installed or removed Zonolite Attic Insulation.

1. Employment dates:

From

 -

Month

 Year

 To

 -

Month

 Year

2. Occupation:

description

Employer's Name:

4. Employer's Address:

Street Address

City

State

Zip Code

/Province

Postal Code

Country (if not U.S.)

List the percentage of time during that period that you personally installed or removed Zonolite Attic Insulation.

For each employer for whom you installed or removed Zonolite Attic Insulation, describe the protective equipment you used while working in proximity to the Zonolite Attic Insulation.

Percentage of time: **Protective equipment used:**

%

respirator face mask special clothing other protective equipment none

Continue on next page >>>

V. continued...

List the percentage of time during that period that you personally installed or removed Zonolite Attic Insulation.

For each employer for whom you installed or removed Zonolite Attic Insulation, describe the protective equipment you used while working in proximity to the Zonolite Attic Insulation.

Percentage of time:	Protective equipment used:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	<input type="checkbox"/> respirator <input type="checkbox"/> face mask <input type="checkbox"/> special clothing <input type="checkbox"/> other protective equipment <input type="checkbox"/> none
1. Employment dates:	
From	To
<input type="text"/> - <input type="text"/> <input type="text"/>	<input type="text"/> - <input type="text"/> <input type="text"/>
<i>Month</i>	<i>Year</i>
2. Occupation:	<input type="text"/>
<i>description</i>	<input type="text"/>
3. Employer's Name: <input type="text"/>	
4. Employer's Address: <input type="text"/>	
<i>Street Address</i>	<input type="text"/>
<i>City</i>	<input type="text"/>
<i>Country (If not U.S.)</i>	<input type="text"/>
<i>State /Province</i>	<input type="text"/>
<i>Zip Code /Postal Code</i>	<input type="text"/>

List the percentage of time during that period that you personally installed or removed Zonolite Attic Insulation.

For each employer for whom you installed or removed Zonolite Attic Insulation, describe the protective equipment you used while working in proximity to the Zonolite Attic Insulation.

Did your additional exposure occur because you shared a household with an occupationally exposed person (such as a spouse or a parent who worked in proximity to asbestos)?

Yes No

If yes, list the time period of that household exposure:

From
Month - Year

To
Month - Year

List the name of the occupationally exposed household member:

First Name

Middle Name

Last Name

List his or her occupation, employer and employment location, and describe how that person brought asbestos from the workplace into your household:

Occupation

Employer

Employment
location

How it was brought home

PART VII: SIGNATURE

All claims must be signed by the claimant or the person filing on his/her behalf
(such as the personal representative or attorney).

I have reviewed the information submitted on this proof of claim form and all documents submitted in support of my claim. To the best of my knowledge, the information is accurate and complete.

SIGNATURE OF CLAIMANT, REPRESENTATIVE, OR ATTORNEY

Month - Day - Year

Name of Signatory, if not the claimant

--

Relationship of Signatory to Claimant

--

IF THE SIGNATURE IS NOT THAT OF THE CLAIMANT,
PLEASE PRINT THE NAME OF THE SIGNATORY ABOVE AND INDICATE THE
RELATIONSHIP TO THE CLAIMANT

**THE PENALTY FOR SUBMITTING A FRAUDULENT CLAIM
IS A FINE OF UP TO \$500,000 OR**

IMPRISONMENT FOR UP TO 5 YEARS, OR BOTH. 18 U.S.C. §§ 152, 3571